

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. 4276 Washington)

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

791

1008

File No.

Registered No.

St.

Ward)

22153

5925

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Sept 18th 1849

7. AGE

YEARS

MONTHS

DAYS

If LESS than day, hrs. or min.

84

9

26

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Genevieve, Mo.

FATHER

13. NAME

Nicholas Munsch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Frankfort Germany

MOTHER

15. MAIDEN NAME

Theresa Mueschig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Frankfort Germany

17. INFORMANT (ADDRESS)

Pearl Jakerst 4276 Washington

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Walchalla Bur.

DATE

6-16-1934

19. UNDERTAKER (ADDRESS)

C. P. Lupton & Sons 4449 Olive Street

20. FILED

15

19

J. J. Bredbeck

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 17th 1934

22. I HEREBY CERTIFY That I attended deceased from

May 30, 1934, to June 14, 1934

I last saw him alive on June 14, 1934 Death is said

to have occurred on the date stated above, at 5:40 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

30 May 34

Other contributory causes of importance:

Name of operation No operation Date of

What test confirmed diagnosis? Physician's report Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. D. Jennings, M. D.

(Address) 412 Washington Blvd. St. Louis Mo.

FN 1485.

9-10 Am